

RECEIVED
 UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF ARKANSAS
 2015 MAR 16 AM 10:06

FILED
 U.S. DISTRICT COURT
 EASTERN DISTRICT ARKANSAS

MAR 16 2015

JAMES W. McCORMACK, CLERK
 By: LB DEP. CLERK

Brandon Sheets

PLAINTIFF

[Type or print your name on the line above]

Mayer
Dr. Troxel

DEFENDANT

[Type or print only the name of the first
 person you are suing. List everyone you
 are suing on page 2.]

Cause No.

4:15-CV-150-KGB-JJV

[Leave this blank, the clerk will
 supply the cause number when
 your case is received.]

PRISONER COMPLAINT
42 U.S.C. § 1983

I. PARTIES

A. PLAINTIFF [You are the plaintiff in this lawsuit. Neatly print or type your information below.]

1. Brandon Tyler sheets 65281
 Name: First Middle Last Offender Number

2. Where are you being held: White County
 [name the prison or jail where you are incarcerated]

3. What is the address: 1600 East Booth Rd Searcy
AR 72143

3a. What is the telephone number: NA

4. Did the things that you are suing about happen in the place listed above:

☒ YES, it happened here in the same facility I am being held at today.

☐ NO, it happened at _____
 This case assigned to District Judge Baker

5. Did the things that you are now suing about, happen _____
 and to Magistrate Judge Volpe

☐ before you were confined, or

☒ when you were confined awaiting trial, or

☐ after conviction while confined serving a sentence.

(Revised March 2002)

(48A)

B. DEFENDANT(S) How many defendants are you suing: 3

[The defendants are the people you are suing. Print or type the defendant's name, job title, the state or local government agency the defendant works for, and the address of that government agency. Remember to include the defendant you named in the caption on page one. If you are suing more than one defendant, number them.]

#	Defendant's Name	Job Title/Government Agency	Work Address
1.	Dr. Royer Troxel	Doctor	1600 East Booth Rd Secaucus NJ 72143
2.	CAPTAIN EDWARDS - MURDER	MURDER CLAYTON EDWARDS	1600 E Booth Rd Secaucus NJ 72143

II. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance system that would allow you to file a grievance about the things you are suing about?

☐ YES

☒ NO

only A Complaint form

B. If yes, did you file a grievance about the things you are suing about?

☐ YES

[Attach the response from the final step of the grievance process.]

☐ NO

[Explain why you did not file a grievance.]

III. CAUSE(S) OF ACTION WITH SUPPORTING FACTS

Write why you are suing each defendant. Write who, what, when, where, and how you believe your rights were violated. It is VERY IMPORTANT that you use each defendant's name in describing what happened to you. If you do not write what each defendant did, the court will not know why you are suing and that defendant will be dismissed.

Explain what constitutional or federal law right, privilege or immunity each defendant violated. Do not cite or quote cases or statutes. If you want to make legal arguments or citations, you must file a separate memorandum of law. Do not attach it to this complaint.

Write a new paragraph for each violation. Name each defendant involved in that violation.

Number your paragraphs.

1. I am being denied my medications that I'm prescribed by my outside Doctor Paul Rex Roth out of DETAINB Medical Health in Auburn Indiana. I have my medical records in my possession that shows I'm prescribed Diazepam 10mg and Ultram 50mg. The Nurse Jill Williams looked at my medical Records and asked if she could make a copy and I allowed her to make a copy, and at that time she Jill Williams told me the Doctor Roger ~~Troxel~~ Troxel Disapproved my medication I never seen the Doctor in person cause she Jill Williams told me CAPTAIN ~~ECLAYTON~~ EDWARDS did not allow those kind of medication in his jail and why Dr. Roger Troxel would not approve my medication, I have severe panic attacks and I have a shoulder injury I take medications for, I've always been allowed to take it in the past as long as I was locked down in a cell by myself, I wasn't even given the option

Cause(s) of Action with Supporting Facts (continued)

Dr. Roger Troxel Denying my medications that I'm in Dire need for, and would be violating my 14th and 8th Amendment Rights, Major CLAYTON EDWARDS violating my rights by poor policy and procedure the Nurse Jill Williams told me that CAPTAIN EDWARDS is one of the Reasons I can't take my prescribed medication Also for not having a proper grievance procedure, they only have a request Complaint form not a grievance procedure Dr Roger Troxel and Major Edwards denying and Delaying my proper medications I'm prescribed by my outside Dr. Violating my 14th and 8th Amendment Rights, I Suffer With Severe Anxiety Panic Attacks without my prescribe medication (Diazepam) and pain from my Shoulder Injury to my right arm on a constant basis. Also my 6th amendment Rights being violated by Dr Troxel and CLAYTON EDWARDS for cruel and unusual punishment and torture making me suffering mentally and physically. Major Clayton Edwards has no training in the medical field for deciding or making decisions on what kind of medication inmates take Violating 6th 8th and 14th Amendments.

IV. PREVIOUS LAWSUITS

Have you ever sued anyone for the same things you wrote about in this complaint? ☐ NO ☒ YES - /Print or type the following information about the

case. Attach additional sheets if there is more than one prior case./

Court: UNITED STATES DISTRICT OF Northern INDIANA

Judge: Susan Collins Docket Number: 1:14-CV-00260 STM-SLK

Date filed: 8/25/2014 Date closed: Still open

V. RELIEF

Write exactly what you want the court to do for you. This court cannot order that a defendant be fired, investigated, or criminally prosecuted.

NOTE: A lawsuit filed on this form cannot restore good time, expunge your record or get you released from custody. For this type of relief, you must file a Habeas Corpus case under 28 U.S.C. § 2254.

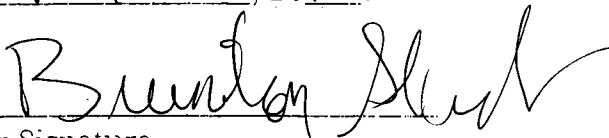
I want the Court to compensate me
for every day I suffer without my
medication, and to see that inmates get
there proper medications and medical
treatment, just because were confined
doesn't me I don't need my medication
that I'm prescribed by my Dr, if a person
can produce documents proving what
medications they are prescribed they
should be entitled to take them even though
the locked up.

VI. VERIFICATION AND SIGNATURE

Initial Each Statement and Sign at the Bottom

- ☒ I have included two properly completed summons forms (available from the clerk) for each defendant I am suing, including full name, job title and work address.
- ☒ I have included one properly completed process receipt and return form (USM-285) (available from the U.S. Marshal) for each defendant I am suing.
- ☒ In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant and one extra for the court.
- ☒ I have included full payment of the filing fee **OR** attached a properly completed prisoner petition to proceed *in forma pauperis* (available from the clerk) with a copy of my prison trust fund account statement for the six months preceding the filing of this case.
- ☒ I agree to promptly notify the clerk of any change of address.
- ☒ I have read all of the statements in this complaint. *[Do not forget to keep a copy for your records]*
- ☒ I declare **under penalty of perjury** that the foregoing is true and correct.

Signed this 9th day of march, 2015.


Your Signature

Mail all of these papers to the appropriate Clerk's office - see next page for addresses.

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Brendon Sheets

Plaintiff(s)

v.

Civil Action No.

Dr Roger Troxel CLAYTON EDWARDS

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: